

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/551977	FILING DATE 4/14/00			
						CLAIMS				
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51			
2	1						52			
3	2						53			
4	2						54			
5	2						55			
6	2						56			
7	2						57			
8	2						58			
9	2						59			
10	1						60			
11	0						61			
12	1						62			
13	0						63			
14	0						64			
15	0						65			
16	0						66			
17	1						67			
18	1						68			
19	2						69			
20	2						70			
21	2						71			
22	2						72			
23	0						73			
24	0						74			
25	0						75			
26	0						76			
27	0						77			
28	0						78			
29	0						79			
30	0						80			
31	0						81			
32	0						82			
33	0						83			
34	0						84			
35	1						85			
36	1						86			
37	4						87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	0						TOTAL IND.			
TOTAL DEP.	39						TOTAL DEP.			
TOTAL CLAIMS	48						TOTAL CLAIMS			